

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Christina	MI
	NICKNAME	LAST Martinez	SUFFIX
OFFICE USE ONLY			
Date Received 01-15-19 P01:33 RCVD			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; PO Box 12237	APT / SUITE #;	CITY; STATE; ZIP CODE San Antonio, TX 78212
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (210)	PHONE NUMBER 758-3435	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Colton	MI
	NICKNAME	LAST Powell	SUFFIX
Date (Hand-delivered or Date Postmarked) 1-15-19			
Receipt # Amount \$			
Date Processed 1-15-19			
Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #; CITY; STATE; ZIP CODE 526 W. Agarita San Antonio, TX 78216
8 CAMPAIGN TREASURER PHONE	AREA CODE (719)	PHONE NUMBER 930-7466	EXTENSION
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 7 / 1 / 2018		THROUGH Month Day Year 12 / 31 / 2018
11 ELECTION	ELECTION DATE Month Day Year 5 / 4 / 2019	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) SAISD Trustee, District 6	13 OFFICE SOUGHT (if known) SAISD Trustee, District 6	

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Christina Martinez **15 Filer ID** (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
<input checked="" type="checkbox"/> GENERAL	San Antonio Kids First
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	2034 W. Kings Hwy, San Antonio TX 78201
	COMMITTEE CAMPAIGN TREASURER NAME
	Michael Soto
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	2034 W. Kings Hwy, San Antonio TX 78201

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,330.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 129.25
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,200.75
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Christina Martinez, this the 15th day of January, 2019, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Sandra A. Uribe

Printed name of officer administering oath

Notary

Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME <p style="text-align: center;">Christina Martinez</p>	20 Filer ID (Ethics Commission Filers)
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21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,330.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 129.25
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME Christina Martinez		3 Filer ID (Ethics Commission Filers)
4 Date 8/14/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) San Antonio Kids First 6 Contributor address; City; State; Zip Code 2034 W. Kings Hwy, San Antonio TX 78201	7 Amount of contribution (\$) \$3,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/15/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christina Martinez Contributor address; City; State; Zip Code 2219 Ramona, San Antonio TX 78201	Amount of contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/30/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Martinez Contributor address; City; State; Zip Code 13816 Apalooza, Harlingen, TX 78559	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/30/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaun Edwards Contributor address; City; State; Zip Code 4938 Roan Brook, San Antonio, TX 78251	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME Christina Martinez		3 Filer ID (Ethics Commission Filers)
4 Date 12/30/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ann Marie Camosy 6 Contributor address; City; State; Zip Code 19407 Bella Loma #9203 , San Antonio, TX 78256	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/30/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armen Babjanian Contributor address; City; State; Zip Code 12031 Stoney Crossing, San Antonio, TX 78241	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/30/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Flannigan Contributor address; City; State; Zip Code 822 Essex, San Antonio, TX 78210	Amount of contribution (\$) \$90.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/30/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rachel Wood Contributor address; City; State; Zip Code 425 Oak, San Antonio, TX 78215	Amount of contribution (\$) \$90.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME Christina Martinez		3 Filer ID (Ethics Commission Filers)
4 Date 12/30/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Victoria Gonzalez-Gerlach 6 Contributor address; City; State; Zip Code 436 El Monte, San Antonio, TX 78212	7 Amount of contribution (\$) \$90.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/30/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen & Liza Oakes Contributor address; City; State; Zip Code 12511 Jones Maltsburger Rd, San Antonio, TX 78247	Amount of contribution (\$) \$95.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/30/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elisa Gonzalez Contributor address; City; State; Zip Code 415 Frost, San Antonio, TX 78201	Amount of contribution (\$) \$30.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME Christina Martinez	3 Filer ID (Ethics Commission Filers)
4 Date 12/30/18	5 Payee name H-E-B	
6 Amount (\$) 129.25	7 Payee address; City; State; Zip Code 300 W Olmos Dr, San Antonio, TX 78212	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expenses	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
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Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

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